

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/595 539

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	6	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	14						TOTAL CLAIMS						